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Bib Data Sheet

CONFIRMATION NO. 2917

SERIAL NUMBER 10/679,930	FILING OR 371(c) DATE 10/05/2003 RULE	CLASS 345	GROUP ART UNIT 2629	ATTORNEY DOCKET NO. 07-03-0016
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APPLICANTS

Nick P. Durso, Canyon Country, CA;

** CONTINUING DATA ***** *none*** FOREIGN APPLICATIONS ***** *none*IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
12/31/2003

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u> </u> Examiner's Signature Initials				

ADDRESS

LAW OFFICE OF DAVID HONG
 David Hong, Esq.
 P.O. Box 2111
 Santa Clarita, CA91386-2111

TITLE

Slipcover touch input apparatus for displays of computing devices

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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